



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243
(615) 741-2859

RENEWAL/RETIRED/REINSTATEMENT APPLICATION

NOTE: Effective July 1, 2005, the Employee Assistance Professional Licensure shall be renewed on an annual basis. We are also pleased to announce the addition of a Retired License status.

INSTRUCTIONS: Please read all instructions before completing the application.

1. Carefully fill in the requested information.
2. Using the enclosed continuing education hours or professional development hours form, submit your supporting documentation of ten (10) continuing education hours or ten (10) professional development hours in the areas of work organizations, human resources management, EAP policy administration, EAP direct services, chemical dependency and other addictions, and personal and psychological problems (not required for retired license) Please see Rule 0800-5-3-.03(3).
3. Submit proof of current liability insurance. Minimum requirements are Occurrence - \$1,000,000 and Aggregate - \$3,000,000 (not required for retired license).
4. Complete, sign, and date the application and return with: \$100 renewal fee or retired license fee of \$25 (reinstatement fees will be prorated when the application is received). Please make check or money order payable to:
Tennessee Department of Labor and Workforce Development
5. Return the requested documents and fee to:

Tennessee Department of Labor and Workforce Development
Board of Employee Assistance Professionals
Labor Standards Division
220 French Landing Drive
Nashville, Tennessee 37243

"The Tennessee Department of Labor and Workforce Development is an equal opportunity employer. Auxiliary aids and services are available upon request."
TDD/TTY: 615-532-2879; 1-800-848-0299



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Please check one

- ☐ **RENEWAL APPLICATION (\$100)**
☐ **RETIRED LICENSE APPLICATION (\$25)**
☐ **REINSTATEMENT LICENSE APPLICATION (Fee will be prorated when application is received)**

(Please Print)

License Number: _____ Expiration Date: _____

Social Security Number: _____

Name: _____

Home Address: _____

Business Address: _____

Please mail information to: _____ Home Address _____ Business Address

Home Phone: (____) _____

Business Phone: (____) _____

E-mail Address (Home): _____

(Business): _____

Signature: _____

Date: _____

Retired License Stop Here

		YES	OR	NO
1.	Are you currently engaged in the illegal use of controlled substances?	_____		_____
2.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____		_____
3.	If you have ever applied for or held a license or certificate to practice employee assistance in any state, country, or province, was it or has it ever been denied, suspended, restricted, revoked, or voluntarily surrendered under threat of investigation or disciplinary action?	_____		_____
4.	Have you ever had a license or certificate to practice in a health care or other profession revoked, suspended, or restricted?	_____		_____
5.	Have you been otherwise disciplined or asked to voluntarily surrender a license/certification under threat of restriction or disciplinary action?	_____		_____
6.	Have you been convicted of a felony or a misdemeanor other than a minor traffic violation within the past 5 years?	_____		_____
7.	Have you ever been rejected or censured by a professional association?	_____		_____
8.	In relation to the performance of your professional services in any profession:	_____		_____
a.	Have you ever had a final judgment rendered <u>against</u> you; or	_____		_____
b.	Have you ever had a settlement of any legal action rendered <u>against</u> you; or	_____		_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____		_____

Please mark one:

_____ I would like to be listed as a supervising licensed employee assistance professional.

Please list my name, address, and telephone number as follows:

Please mark the area(s) of the state where you want to be listed:

_____ East TN

_____ Middle TN

_____ West TN

_____ I would not like to be listed as a supervising licensed employee assistance professional.

I certify that the information given is true and complete to the best of my knowledge.

SIGNATURE OF
APPLICANT _____ DATE _____